



Light
Composition

RECEIVED
2003 MAY 19 PM 1:11
STATE PROCUREMENT



STATE OF ARKANSAS
**Department of Finance
and Administration**

**DRIVER SERVICES
Driving Records**

Ragland Building, Room 1130
Post Office Box 1272
Little Rock, Arkansas 72203-1272
Phone: (501) 682-7207
Fax: (501) 682-2075
<http://www.state.ar.us/dfa>

LICENSEE

REQUESTING PARTY

A REPORT OF YOUR DRIVING RECORD HAS BEEN SENT TO THE REQUESTING PARTY NAMED ABOVE. THE REQUESTING PARTY IS A SERVICE BUREAU WORKING FOR YOUR INSURANCE COMPANY AND/OR EMPLOYER. THIS IS A COPY OF THE INFORMATION RELEASED TO THEM. IF YOU FEEL ANY PART OF THIS RECORD IS IN ERROR, YOU MAY CONTACT THIS OFFICE AT 682-7207.

*Light
Composition*

Receipt #

134341

Arkansas Department of Human Services

CASH FUND RECEIPT

County Code _____

Date _____

Received from _____

Cash ☐ Check ☐ Money Order ☐ Other ☐ Amt. of Receipt \$ _____

Fund or Account Number to be Credited _____

DHS-1079 (05/03)

Received by _____

Receipt #

134342

Arkansas Department of Human Services

CASH FUND RECEIPT

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Fund or Account Number to be Credited _____

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Arkansas Department of Human Services

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134344

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DHS-1079 (05/03)

Received by _____

Medium
Composition

Travel Request



Date _____

Employee _____

hereby requests permission to travel to _____

for the purpose of _____

Date and time of departure _____ Date and time of return _____ Total days _____

Type of transportation desired ☐ motor pool vehicle ☐ bus ☐ air ☐ personal vehicle ☐ other (specify) _____

Estimated cost of trip

_____ miles at _____ per mile \$ _____

_____ meals \$ _____

_____ nights' lodging \$ _____

Registration fee \$ _____

(attach form if requesting advance payment) \$ _____

Other (describe) _____ \$ _____

_____ \$ _____

TOTAL \$ _____

If motor pool vehicle is used, list all passengers below.

Additional approval (if required) _____

Traveler's signature _____

Immediate supervisor's signature _____

To University of Arkansas - Fort Smith Chancellor

I hereby request approval for the above travel, with these expenses charged to FOAPAL _____

Signature of provost/vice chancellor/dean _____

☐ Approved and forwarded to vice chancellor for finance and campus services for transportation assignment.

☐ Disapproved for the following reasons _____

Signature of chancellor or designee _____

For motor pool vehicle, contact Physical Plant secretary. If motor pool vehicle is available for use and traveler chooses to drive personal vehicle, mileage reimbursement will be at motor pool vehicle rate.

For commercial transportation, contact the procurement travel office before making arrangements.

Signature of vice chancellor for finance and campus services _____

Date Plan Established

Name of Patient		Birthdate	Sex	Telephone	Visits Per Week
Address/Directions to Home <div style="font-size: 2em; font-family: cursive; text-align: center; margin-top: 20px;">HEAVY Composition</div>					
Lives <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Family		Primary Caregiver <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		Activities Permitted <input type="checkbox"/> Complete Bedrest <input type="checkbox"/> Bedrest BRP <input type="checkbox"/> Up as Tolerated <input type="checkbox"/> Partial Wt. Bearing <input type="checkbox"/> Exercise Prescribed <input type="checkbox"/> Transfer Bed/Chair	
Functional Limitations <input type="checkbox"/> Amputation <input type="checkbox"/> Bowel/Bladder <input type="checkbox"/> Contractures				<input type="checkbox"/> Speech <input type="checkbox"/> Ambulation <input type="checkbox"/> Endurance <input type="checkbox"/> Dyspnea <input type="checkbox"/> Hearing <input type="checkbox"/> Paralysis <input type="checkbox"/> Blind	
Special Equipment <input type="checkbox"/> Crutches <input type="checkbox"/> Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> BSC <input type="checkbox"/> Catheter <input type="checkbox"/> Oxygen <input type="checkbox"/> Grab Bars <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Tub Stool <input type="checkbox"/> Glasses <input type="checkbox"/> Toileting Equip. <input type="checkbox"/> Dressing Equip. <input type="checkbox"/> Transfer Equip. <input type="checkbox"/> Walker					
Nutritional Requirements: <input type="checkbox"/> Force Fluids <input type="checkbox"/> Encourage Food <input type="checkbox"/> Restrict Fluids <input type="checkbox"/> I & O					
Aide Services		Every Visit	Once A Week	As Needed	Other Frequency Specified
1 Bath <input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> Assist <input type="checkbox"/> Bed <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Chair					
2 Hair Care <input type="checkbox"/> Comb <input type="checkbox"/> Shampoo					
3 Grooming <input type="checkbox"/> Assist with Dressing <input type="checkbox"/> Assist with Shaving					
4 Oral Hygiene <input type="checkbox"/> Total <input type="checkbox"/> Assist <input type="checkbox"/> Dentures					
5 Skin Care <input type="checkbox"/> Massage <input type="checkbox"/> Decubitus Prevention					
6 Nail Care <input type="checkbox"/> Finger Nails <input type="checkbox"/> Clean <input type="checkbox"/> Cut <input type="checkbox"/> File <input type="checkbox"/> Toe Nails <input type="checkbox"/> Clean <input type="checkbox"/> Cut <input type="checkbox"/> File					
Aide Services		Every Visit	Once A Week	As Needed	Other Frequency Specified
7 Meals <input type="checkbox"/> Prepare <input type="checkbox"/> Serve <input type="checkbox"/> Feed					
8 Linens					
9 Laundry					
10 Elimination <input type="checkbox"/> Catheter Care <input type="checkbox"/> Empty Foley Bag					
11 Ambulation					
12 Transfer (assist to chair)					
13 ROM Exercises					
14 Vital Signs <input type="checkbox"/> Pulse <input type="checkbox"/> Respiration <input type="checkbox"/> Temperature <input type="checkbox"/> Blood Pressure					
15 Other _____					
Special Instructions <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <input type="checkbox"/> Copy Given to Aide <input type="checkbox"/> Copy Left in Home Local Health Unit Telephone Number _____ </div> <div>Signature of RN _____</div> </div>					

HEAVY
Composition

Children's University
Medical Group
P.O. Box 254148
Little Rock, AR 7225-5149
(501) 455-0767

Place of Service			GC Modifier	DIS. TO INSUR.
IP	AS	OH		
Date			Dr#	DEPT.
Mo.	Day	Yr.		5SU10
C1	C3	C4	Modifiers	
			Multiple	
			Assistant	
			Other	

PEDIATRIC SURGERY
PROCEDURES

DESCRIPTION	S.C.	AMT.	DESCRIPTION	S.C.	AMT.	DESCRIPTION	S.C.	AMT.
INTEGUMENTARY SYSTEM			GASTROINTESTINAL SYSTEM			Biopsy Liver, Wedge		
Incision/Drain Abscess, Simple	10060		Esophagoscopy, Diagnostic: flex or rigid	43200		Hepatectomy, Partial Lobectomy	47120	
Complex	10061		with Biopsy, single or mult.	43202		Left Lobectomy, Total	47125	
Incision/Drain Cyst, Simple	10080		Remove Foreign Body	43215		Right Lobectomy, Total	47130	
Complex	10081		with Dilation	43220		Hepatotomy, Suture of Liver Wound, Simple	47350	
Incision/Remove Foreign Body, Simple	10120		Wire Guided	43226		Cholecystectomy	476	
Complex	10121		Dilation Over Guide Wire/String	43453		Anastomosis, Gastrointestinal Tract to	47765	
Debridement	1104		Esophagogastroduodenoscopy, Diagnostic	43235		Intrahepatic Ducts		
Biopsy, Skin Lesion 1-4cm	11100		Remove Foreign Body	43247		Kasai Portoenterostomy	47701	
Excision Benign Lesion ____ cm	114		Esophagoplasty, Cervical Approach	43300		Pancreatectomy	48140	
Excision Malignant Lesion ____ cm	116		With Repair of Fistula	43305		Exploratory Laparotomy	49000	
Excision Pilonidal Cyst, Simple	11770		Thoracic Approach	43310		Drain Peritoneal Abscess	49020	
Repair Superficial Wound, Simple ____ cm	1200		Thoracic Approach with Repair of Fistula	43312		Drain Retroperitoneal Abscess, open	49060	
Repair Superficial Wound, Face ____ cm	1201		Nissen Fundoplication	43324		Excision Intra-Abdominal	49200	
Layer Closure Wound, ____ cm	120		Pyloromyotomy	43520		Retroperitoneal Tumor		
Repair Complex, ____ cm	131		Gastrostomy Tube Change	43760		Sacroccocygeal Teratoma Excision	49215	
Split Graft, Trunk/Extremity, ____ sq cm	151		Gastrojejunostomy	43825		Inguinal Hernia; Preterm Infant	49491	
Biopsy Breast, Incisional	19101		Gastrostomy	43830		Inguinal Hernia; Unilateral < 6 mos	49495	
Excision Breast Cyst/Tumor	19120		Closure	43870		Incarcerated; Preterm Infant	49492	
Benign/Unilateral, One or More			Enterolysis, Release Small Bowel Obstruction	44005		Incarcerated < 6 mos	49496	
Mastectomy/Gynecomastia Unilateral	19140		Reduce Midgut Volvulus (Ladd)	44055		Incarcerated < 6 mos	49496	
MUSCULOSKELETAL SYSTEM			Reduce Intussusception	44050		Inguinal Hernia; Unilateral 6mo-5yrs	49500	
Biopsy, Muscle	20200		Enterectomy, Resecton Small Intestine	44120		Incarcerated 6 mos-5 yrs	49501	
Reconstruct Pectus Excavatum/Carinatum	21740		Double Enterostomy	44125		Unilateral > 5 years	49505	
Remove Sterna Bar	20680		Enterostomy	44130		Incarcerated > 5 yrs	49507	
RESPIRATORY SYSTEM			Colectomy, Partial	44140		Repair Inguinal Hernia, Recurrent	49520	
Laryngoscopy, Diagnostic Newborn	31520		Partial with Colostomy	44141		Repair Ventral Hernia/Incisional	49560	
Except Newborn	31525		Partial with Closure of Distal Segment (Hart)	44143		Recurrent	49565	
Bronchoscopy, Diagnostic; rigid of flex	31622		Partial with Resection with Colostomy	44144		Repair Epigastric Hernia, Simple	49570	
Biopsy	31625		Partial with Coloproctostomy	44145		Umbilical Herniorrhaphy <5 Years	49580	
Remove Foreign Body	31636		Total Abdominal w/ Ileostomy	44150		> 5 Years	49585	
Thoracostomy	32000		Total with Proctectomy & Ileostomy	44155		Omphalocele, Small/Primary Closure	49600	
Tube Thoracostomy	32020		Ileostomy/jejunostomy	44310		Large/Gastroschisis	49605	
Thoracotomy Biopsy	32095		Revision Simple	44312		Staged Closure, Final	49606	
Thoracotomy, Major	32100		Complicated	44314		Suture Secondary of Abdominal Wall Dehiscence	49900	
Decortication/Lung	32220		Colostomy or Skin Level Cecostomy	44320		GENITAL SYSTEM		
Pneumonecstomy, Total	32440		Revision of Colostomy, Simple	44340		Circumcision, newborn	54160	
Lobectomy	32480		Complicated	44345		Circumcision, non-newborn	54161	
Wedge Resection Lung, Single/Multiple	32500		Enterorrhaphy, Suture of Small Intestine, Single	44602		Circumcision, Revision	54163	
CARDIOMUSCULAR SYSTEM			large intestine	44604		Orchiopexy w or w/o hernia	54640	
Infuse-A-Port/Broviac Placement	36533		Colostomy Closure	44620		Hydrocelectomy	55040	
Remove Infuse-A-Port/Broviac	36535		Closure of Enterostomy with	44625		Oophorectomy	58940	
Catheterization, Percutaneous <2 years	36488		Resection/Anastomosis			Drain Ovarian Abscess	58822	
Percutaneous >2 years	36489		Excision of Meckel's Diverticulum	44800		Ovarian Cystectomy	58925	
Cutdown (CVL) Hyperalimantal <2 Years	36490		Incision/Drainage of Appendiceal Abscess	44900		Omentectomy	49255	
> 2 Years	36491		Appendectomy	44950		ENDOCRINE SYSTEM		
Arterial Catheterization	36620		With Other Procedures	44955		Total Thyroid Lobectomy, Unilateral	60220	
Percutaneous Cutdown	36625		Ruptured	44960		Total Thyroidectomy	60240	
UAC; Newborn, Diagnosis of Therapy	36660		Biopsy Anorectal Wall	45100		Excision Thyroglossal Duct Cyst	60280	
Arteriorrhaphy, Suture of Major Artery, Neck	35201		Anorectal Myomectomy	45108		Renal Transplant	50360	
HEMIC & LYMPHATIC SYSTEMS			Proctectomy (Martin, Soave, Duhamel Proc.)	45120		Removal, Transplanted Kidney	50370	
Splenectomy, Total	38100		Proctosigmoidoscopy, Diagnostic	45300		Insertion Cannula-Dialysis	36800	
Partial	38101		With Biopsy	45305		Open Renal Biopsy	50205	
Drain Lymph Node Abscess, Simple	38300		Colonoscopy, Diagnostic	45378		Tenckhoff Catheter, Permanent	49421	
Extensive	38305		Dilation of Anal Sphincter	45905		Nephrectomy	50220	
Biopsy/Excision Lymph Node	38500		Dilation of Rectal Sphincter	45910		Remove Tenckhoff	49422	
Deep, Cervical	38510		Removal of Fecal Impaction/Foreign Body	45915		Thoracoscopy	326	
Excision Cystic Hygroma, Simple	38550		Fistulotomy/Fistulectomy	46270		Laparoscopic		
Complex	38555		Incision/Drain Perianal Abscess	46050		Baclofen Catheter Placement	62350	
MEDIASTINUM & DIAPHRAGM			Incision, Anal Septum (Infant)	46070		Baclofen Pump Placement	62362	
Exc. Mediastinal Cyst	39200		Anoplasty, Revision Infant	46705				
Excision Mediastinal Tumor	39220		Repair Congenital Anovaginal Fistula	46715				
Repair Diaphragmatic Hernia	39502		Abdominal & Perineal Approach	46735				
Neonate	39503		Perineal Anoplasty - Primary (Pena)	46730				
Trans thoracic	39520		Anoplasty with Repair of Urinary Fistula	46740				
Imbrication of Diaphragm for Eventration	39545		Sphincteroplasty, Anal	46751				
						Total Charges		